

Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEES TRANSMITTAL
for FY 2005**

JAN 21 2005

I/We claim small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2,380)

Complete if Known	
Application Number	09/896,812
Filing Date	June 29, 2001
First Named Inventor	Thomas D. MADDEN
Examiner Name	KISHORE, Gollamudi S.
Art Unit	1615
Attorney Docket No.	480208.408

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other (please identify): _____

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity	Small Entity
	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	_____
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	_____
Multiple dependent claims	360	180	_____

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
_____	-20 or HP =	X	=	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	-3 or HP =	X	=

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 =	/50 =	(round up to a whole number)	X

HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: Request for Continued Examination	790
Extension of Time Fee - 4 months	1,590

SUBMITTED BY

Signature	<i>Carol D. Laberty</i>	Registration No. (Attorney/Agent)	51,909	Telephone	206-622-4900
Name (Print/Type)	Carol D. Laberty, Ph.D.			Date	January 21, 2005